

|                             |                         |              |                             |                                     |
|-----------------------------|-------------------------|--------------|-----------------------------|-------------------------------------|
| SERIAL NUMBER<br>09/388,334 | FILING DATE<br>09/01/99 | CLASS<br>248 | GROUP ART UNIT<br>3632 3634 | ATTORNEY DOCKET NO.<br>STINGER-UTIL |
|-----------------------------|-------------------------|--------------|-----------------------------|-------------------------------------|

APPLICANT: GARY COONAN, ROCKVALE, TN; GARY L. MAYES, MURFREESBORO, TN; DONALD L. RECKELHOFF, ANTIOCH, TN.

MURFREESBORO

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED  
NONE

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED  
NONE

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED  
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/20/99 \*\* SMALL ENTITY \*\*

|   |   |  |                        |                     |                    |                         |
|---|---|--|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>TN | SHEETS DRAWING<br>5 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>3 |
| Verified and Acknowledged                                   |   |  | Examiner's Initials    | Initials            |                    |                         |

ADDRESS: MICHAEL B MCNEIL  
511 SOUTH MADISON STREET  
POST OFFICE BOX 2417  
BLOOMINGTON IN 47402

TITLE: VERTICALLY ADJUSTABLE MOBILE COMPUTER WORKSTATION

|                              |   |  |
|------------------------------|---|--|
| FILING FEE RECEIVED<br>\$380 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------|---|--|

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